

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		8-3-00
O.I.P.E. CLASSIFIER		10	8-9-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	hw	P430	9-14

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/10/00
2	✓	✓	8/10/00
3	✓	✓	8/10/00
4	✓	✓	8/10/00
5	✓	✓	8/10/00
6	✓	✓	8/10/00
7	✓	✓	8/10/00
8	✓	✓	8/10/00
9	✓	✓	8/10/00
10	✓	✓	8/10/00
11	✓	✓	8/10/00
12	✓	✓	8/10/00
13	✓	✓	8/10/00
14	✓	✓	8/10/00
15	✓	✓	8/10/00
16	✓	✓	8/10/00
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If more than 150 claims or 10 actions  
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